

**Fill in this information to identify the case:**Debtor name **S. Hemenway, Inc.**United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**Case number (if known) **16-31466**
☐ Check if this is an amended filing
**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>MN Department of Revenue            Bankruptcy Section            PO Box 64447            Saint Paul, MN 55164-0054</b>  Date or dates debt was incurred <b>Sept. and Dec. 2015 &amp; March 2016</b>  Last 4 digits of account number <b>6816</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Withholding Taxes</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$31,405.07</b> <b>\$31,405.07</b>

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address <b>AiTech            PO Box 390296            Edina, MN 55439</b>  Date(s) debt was incurred ____ Last 4 digits of account number <b>3671</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$561.05</b>
3.2	Nonpriority creditor's name and mailing address <b>AmTrust North America            Attn: Accounts Receivable            800 Superior Ave E-21st Floor            Cleveland, OH 44144</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,300.00</b>

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3.3	Nonpriority creditor's name and mailing address <b>BP Visa/SYNCB</b> <b>PO Box 530942</b> <b>Atlanta, GA 30353-0942</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0431</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,740.63</b>
3.4	Nonpriority creditor's name and mailing address <b>Buckingham Companies</b> <b>5980 Credit River Road</b> <b>Prior Lake, MN 55372</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4894</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$46.17</b>
3.5	Nonpriority creditor's name and mailing address <b>Capital One Bank (USA), N.A.</b> <b>PO Box 6492</b> <b>Carol Stream, IL 60197-6492</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4926</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,434.14</b>
3.6	Nonpriority creditor's name and mailing address <b>Capital One Bank (USA), N.A.</b> <b>PO Box 6492</b> <b>Carol Stream, IL 60197-6492</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7652</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,685.85</b>
3.7	Nonpriority creditor's name and mailing address <b>Capital One Bank (USA), N.A.</b> <b>PO Box 6492</b> <b>Carol Stream, IL 60197-6492</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7829</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,951.95</b>
3.8	Nonpriority creditor's name and mailing address <b>Center Point Energy</b> <b>PO Box 4671</b> <b>Houston, TX 77210-4671</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$331.10</b>
3.9	Nonpriority creditor's name and mailing address <b>CenturyLink</b> <b>PO Box 91154</b> <b>Seattle, WA 98111-9254</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$56.06</b>

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Name			
3.10	Nonpriority creditor's name and mailing address <b>Clearstar</b> <b>5955 Shiloh Road East</b> <b>Suite 104</b> <b>Alpharetta, GA 30005</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>2993</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,007.40</b>
3.11	Nonpriority creditor's name and mailing address <b>Coffee Mill Inc</b> <b>9200 Wyoming Ave N</b> <b>Suite 300</b> <b>Brooklyn Park, MN 55445</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>20IN</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$54.00</b>
3.12	Nonpriority creditor's name and mailing address <b>Coverall of the Twin Cities</b> <b>8009 - 34th Ave S</b> <b>Suite 10</b> <b>Bloomington, MN 55425</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4008</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$316.02</b>
3.13	Nonpriority creditor's name and mailing address <b>Dakota Electric Association</b> <b>PO Box 64427</b> <b>Saint Paul, MN 55164-0427</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$471.13</b>
3.14	Nonpriority creditor's name and mailing address <b>Delta Dental of Minnesota</b> <b>NW 5772</b> <b>PO Box 1450</b> <b>Minneapolis, MN 55485-5772</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4738</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$557.06</b>
3.15	Nonpriority creditor's name and mailing address <b>Discover</b> <b>PO Box 30421</b> <b>Salt Lake City, UT 84130-0421</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>0463</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,329.50</b>
3.16	Nonpriority creditor's name and mailing address <b>Frederick &amp; Rosen LTD</b> <b>5922 Excelsior Blvd</b> <b>Minneapolis, MN 55416</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,600.00</b>

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3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Freedom Services</b> <b>PO Box 3110</b> <b>Burnsville, MN 55337</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4042</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$880.00</b>
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Great American Financial Svcs</b> <b>PO Box 660831</b> <b>Dallas, TX 75266</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$117.15</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Health Partners</b> <b>NW 3600</b> <b>PO Box 1450</b> <b>Minneapolis, MN 55485-3600</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7497</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,585.96</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Home Care Pulse</b> <b>1216 Stocks Ave</b> <b>Suite 2</b> <b>Rexburg, ID 83440</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>9790</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$378.00</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Imagine IT, Inc.</b> <b>2950 Metro Drive, #308</b> <b>Bloomington, MN 55425</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4781</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,555.62</b>
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Institute for Professional</b> <b>5109 NE 82nd Avenue</b> <b>Suite 201</b> <b>Vancouver, WA 98662</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0790</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$454.00</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Kansas City Life</b> <b>PO Box 219846</b> <b>Kansas City, MO 64121-9846</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$209.53</b>

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3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Living Assistance Services Inc</b> <b>937 E Haverford Rd</b> <b>Suite 200</b> <b>Bryn Mawr, PA 19010</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$40,641.20</b>
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>M&amp;E Realty Co.</b> <b>4210 W Old Shakopee Road</b> <b>Burnsville, MN 55437</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,840.98</b>
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Pitney Bowes</b> <b>Po Box 371874</b> <b>Pittsburgh, PA 15250-7874</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$229.25</b>
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Purchase Power</b> <b>PO Box 856042</b> <b>Louisville, KY 40285-6042</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$657.96</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>Pure Health Solutions, Inc.</b> <b>PO Box 742647</b> <b>Cincinnati, OH 45274-2647</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5134</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$85.70</b>
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>Schrager Legal PLLC</b> <b>222 South 9th Street</b> <b>Suite 1600</b> <b>Minneapolis, MN 55402</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>731</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,097.50</b>
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>Shred-it USA Minneapolis</b> <b>PO Box 101007</b> <b>Pasadena, CA 91189-1007</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3967</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$104.67</b>

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3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Tax Defense Partners</b> <b>6345 Balboa Blvd - Bldg 4</b> <b>Suite 285</b> <b>Encino, CA 91316</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.32	<b>Nonpriority creditor's name and mailing address</b> <b>The Hanover Insurance Group</b> <b>PO Box 580045</b> <b>Charlotte, NC 28258</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,337.00</b>
3.33	<b>Nonpriority creditor's name and mailing address</b> <b>Trans Alarm</b> <b>500 East Travelers Trail, #600</b> <b>Burnsville, MN 55337-7503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30.00</b>
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>US Bank</b> <b>PO Box 790448</b> <b>Saint Louis, MO 63179-0448</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>7271</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon</b> <b>505 Highway 169 N</b> <b>Plymouth, MN 55441</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,880.94</b>
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>VSP</b> <b>PO BOX 742788</b> <b>Los Angeles, CA 90074-2788</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$226.40</b>
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>Wells Fargo Bank, N.A.</b> <b>Business Direct Division</b> <b>PO Box 29482 MAC S4101-08C</b> <b>Phoenix, AZ 85038</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>5100</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$58,383.44</b>

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3.38 Nonpriority creditor's name and mailing address

**World Pay**  
**600 Morgan Falls Road**  
**Suite 260**  
**Atlanta, GA 30350**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$2,500.00**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

3.39 Nonpriority creditor's name and mailing address

**Yale Mechanical**  
**220 West 81st Street**  
**Bloomington, MN 55420**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***Unknown**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Wells Fargo Bank, NA</b> <b>Attn: Ryan A. Kelley</b> <b>POB 29482</b> <b>Phoenix, AZ 85038</b>	Line <b>3.37</b>  <input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <b>31,405.07</b>
5b. +	\$ <b>187,637.36</b>
5c.	\$ <b>219,042.43</b>

**Fill in this information to identify the case:**Debtor name **S. Hemenway, Inc.**United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**Case number (if known) **16-31466**
☐ Check if this is an amended filing
**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**
☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).
*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest **Insurance**

State the term remaining

List the contract number of any government contract

**AmTrust North America  
Attn: Accounts Receivable  
800 Superior Ave E-21st Floor  
Cleveland, OH 44144**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Insurance**

State the term remaining

List the contract number of any government contract

**Kansas City Life  
PO Box 219846  
Kansas City, MO 64121-9846**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Lease of Building/Office**

State the term remaining

List the contract number of any government contract

**M&E Realty Co.  
4210 W Old Shakopee Road  
Burnsville, MN 55437**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Insurance**

State the term remaining

List the contract number of any government contract

**The Hanover Insurance Group  
PO Box 580045  
Charlotte, NC 28258**



Debtor 1 **S. Hemenway, Inc.**

First Name

Middle Name

Last Name

Document

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Case number (if known)

**16-31466****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- 2.5. State what the contract or lease is for and the nature of the debtor's interest

**Copier Lease**

State the term remaining

List the contract number of any government contract

**US Bank  
PO Box 790448  
Saint Louis, MO 63179-0448**

**Fill in this information to identify the case:**Debtor name S. Hemenway, Inc.United States Bankruptcy Court for the: DISTRICT OF MINNESOTACase number (if known) 16-31466☒ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**  
From 1/01/2016 to **Filing Date****Sources of revenue**  
Check all that apply☒ Operating a business☐ Other \_\_\_\_\_**Gross revenue**  
(before deductions and exclusions)\$1,248,367.00**For prior year:**  
From 1/01/2015 to 12/31/2015☒ Operating a business☐ Other \_\_\_\_\_\$3,352,451.00**For year before that:**  
From 1/01/2014 to 12/31/2014☒ Operating a business☐ Other \_\_\_\_\_\$2,960,776.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**  
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**  
*Check all that apply*

Debtor **S. Hemenway, Inc.**

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Case number (if known) **16-31466**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>AmTrust North America</b> <b>Attn: Accounts Receivable</b> <b>800 Superior Ave E-21st Floor</b> <b>Cleveland, OH 44144</b>	<b>2/10/16 -</b> <b>\$4,373.00</b> <b>3/10/16 -</b> <b>\$4,373.00</b> <b>4/11/16 -</b> <b>\$4,373.00</b>	<b>\$13,119.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Workers'</u></b> <b><u>Compensation Insurance</u></b> <b><u>Payments</u></b>
3.2. <b>Health Partners</b> <b>NW 3600</b> <b>PO Box 1450</b> <b>Minneapolis, MN 55485-3600</b>	<b>3/2/16 -</b> <b>\$4,073.94</b> <b>4/7/16 -</b> <b>\$3,512.02</b>	<b>\$7,585.96</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Health Insurance for</u></b> <b><u>Employees</u></b>
3.3. <b>Imagine IT, Inc.</b> <b>2950 Metro Drive, #308</b> <b>Bloomington, MN 55425</b>	<b>2/22/16 -</b> <b>\$2,767.31</b> <b>3/2/2016 -</b> <b>\$2,704.91</b> <b>4/7/2016 -</b> <b>\$2,554.91</b>	<b>\$8,027.13</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.4. <b>M&amp;E Realty Co.</b> <b>4210 W Old Shakopee Road</b> <b>Burnsville, MN 55437</b>	<b>2/8/2016 -</b> <b>\$6,015.62</b> <b>3/10/2016 -</b> <b>\$6,151.22</b> <b>4/7/2016 -</b> <b>\$4,499.45</b>	<b>\$16,666.29</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.5. <b>MN Department of Revenue</b> <b>Bankruptcy Section</b> <b>PO Box 64447</b> <b>Saint Paul, MN 55164-0054</b>	<b>2/23/2016 -</b> <b>\$2,440.00</b> <b>3/22/2016 -</b> <b>\$2,440.00</b> <b>4/21/2016 -</b> <b>\$2,440.00</b>	<b>\$7,320.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Withholding Taxes</u></b>
3.6. <b>MN Dept of Emp &amp; Econ Dev</b> <b>UI LegalAff/Andrew Berninghaus</b> <b>PO Box 4629</b> <b>Saint Paul, MN 55101-4629</b>	<b>2/1/2016</b>	<b>\$10,660.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>MN UI Taxes</u></b>
3.7. <b>US Bank</b> <b>PO Box 790448</b> <b>Saint Louis, MO 63179-0448</b>	<b>2/1/2016 -</b> <b>\$2,718.74</b> <b>2/4/2016 -</b> <b>\$2,930.41</b> <b>3/2/16 -</b> <b>\$2,718.74</b> <b>3/22/2016 -</b> <b>\$2,385.47</b>	<b>\$10,753.36</b>	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other

Debtor **S. Hemenway, Inc.**

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Case number (if known) **16-31466**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.8. <b>Internal Revenue Service Pat Patton-Insolvency Unit 30 E 7th St - #1222-Stop 5700 Saint Paul, MN 55101</b>	2/1/2016 - \$1,315.99 3/31/2016 - \$22,438.61 3/31/2016 - \$22,470.60 3/31/2016 - \$24,704.87 3/31/2016 - \$25,209.65 3/31/2016 - \$25,350.96	<b>\$121,490.68</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Withholding Tax Payments</u></b>
3.9. <b>World Pay 600 Morgan Falls Road Suite 260 Atlanta, GA 30350</b>	2/4/2016 - \$2,554.10 3/4/2016 - \$2,404.13 4/4/2016 - \$2,198.13	<b>\$7,156.36</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ___

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. <b>Scott Hemenway c/o S. Hemenway, Inc. 500 E Travelers Trail, #100 Burnsville, MN 55337 Owner/President</b>	2015	<b>\$43,680.96</b>	<b>Wages from W-2</b>
4.2. <b>Scott Hemenway c/o S. Hemenway, Inc. 500 E Travelers Trail, #100 Burnsville, MN 55337 Owner/President</b>	Various Dates in 2015	<b>\$417,325.72</b>	<b>Loans from the Debtor</b>
4.3. <b>Scott Hemenway c/o S. Hemenway, Inc. 500 E Travelers Trail, #100 Burnsville, MN 55337 Owner/President</b>	Various Dates in 2016	<b>\$52,450.32</b>	<b>Loans from the Debtor</b>

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

Debtor **S. Hemenway, Inc.**

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Case number (if known) **16-31466**☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
Internal Revenue Service Pat Patton-Insolvency Unit 30 E 7th St - #1222-Stop 5700 Saint Paul, MN 55101	Tax Levy on Unity Bank	May 2, 2016	\$20,140.31
Internal Revenue Service Pat Patton-Insolvency Unit 30 E 7th St - #1222-Stop 5700 Saint Paul, MN 55101	Tax Levy on WorldPary	May 2, 2016	\$13,258.00

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Internal Revenue Service	Tax Levies		<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Debtor **S. Hemenway, Inc.**

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Case number (if known) **16-31466****Description of the property lost and how the loss occurred****Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

**Dates of loss****Value of property lost****Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.**Who was paid or who received the transfer?**  
**Address****If not money, describe any property transferred****Dates****Total amount or value**11.1. **Steven B. Nosek, P.A.****Attorney at Law**  
**2855 Anthony Lane S, #201**  
**St. Anthony, MN 55418****Attorney Fees****May 2, 2016****\$10,000.00****Email or website address**  
**[snosek@noseklawfirm.com](mailto:snosek@noseklawfirm.com)****Who made the payment, if not debtor?**  
**Scott Hemenway****12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.**Name of trust or device****Describe any property transferred****Dates transfers were made****Total amount or value****13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.**Who received transfer?**  
**Address****Description of property transferred or payments received or debts paid in exchange****Date transfer was made****Total amount or value**13.1 **Kellie J. Hemenway**  
**18400 Trott Brook Parkway**  
**NW**  
**Elk River, MN 55330****Scott Hemenway attempted to pledge the Franchisee's interest in connection with a Marital Termination Agreement.****Early 2014****Unknown****Relationship to debtor**  
**Ex-Wife of Owner of Debtor****Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Debtor **S. Hemenway, Inc.**

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Case number (if known) **16-31466**☐ Does not apply**Address****Dates of occupancy  
From-To**14.1. **14551 County Road 11  
Burnsville, MN 55337****Moved out 1.5 Years Ago****Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

**Facility name and address****Nature of the business operation, including type of services  
the debtor provides****If debtor provides meals  
and housing, number of  
patients in debtor's care****Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

**The Debtor has some medical records and credit card information for  
clients which is securely stored by the Debtor.**

Does the debtor have a privacy policy about that information?

- ☐ No
- ☒ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or  
profit-sharing plan made available by the debtor as an employee benefit?**

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

**S Hemenway Inc 401(k) Profit Sharing Plan & Trust**

Employer identification number of the plan

EIN: **38-3656816**

Has the plan been terminated?

- ☒ No
- ☐ Yes

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

Debtor **S. Hemenway, Inc.**

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Case number (if known) **16-31466****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None
**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**
☒ No.

☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**



Debtor **S. Hemenway, Inc.**

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Case number (if known) **16-31466**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		Dates business existed

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. <b>Ron Mackowski c/o S. Hemenway, Inc. 500 E. Travelers Trail, #100 Burnsville, MN 55337</b>	<b>Various Dates</b>
26a.2. <b>Thomas J. Rosen, CPA Frederick &amp; Rosen, Ltd. 5922 Excelsior Blvd Minneapolis, MN 55416</b>	<b>Various Dates</b>

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. <b>Thomas J. Rosen, CPA Frederick &amp; Rosen, Ltd. 5922 Excelsior Blvd Minneapolis, MN 55416</b>	
26c.2. <b>Ron Mackowski c/o S. Hemenway, Inc. 500 E. Travelers Trail, #100 Burnsville, MN 55337</b>	

Debtor **S. Hemenway, Inc.**Case number (if known) **16-31466**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

**Name and address**

26d.1. **Unity Bank**  
**7101 Washington Ave S**  
**Edina, MN 55439**

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the inventory**

**Date of inventory**

**The dollar amount and basis (cost, market, or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Scott Hemenway	c/o S. Hemenway, Inc. 500 E Travelers Trail, #100 Burnsville, MN 55337	President/Owner	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 Scott Hemenway c/o S. Hemenway, Inc. 500 E Travelers Trail, #100 Burnsville, MN 55337	Please refer to Statement of Financial Affairs Answer to No. 4		
Relationship to debtor Owner			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

**Name of the parent corporation**

**Employer Identification number of the parent corporation**

Debtor S. Hemenway, Inc.

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Case number (if known) 16-31466

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 3, 2016

/s/ Scott Hemenway

Signature of individual signing on behalf of the debtor

Scott Hemenway

Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
- ☐ Yes